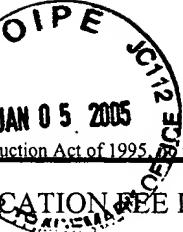


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JAN 05 2005



## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

26272/04003

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	11 minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEES
	\$ 355
x \$ 9 =	0
x 40 =	0
+ _____ =	0
TOTAL	355

RATE	FEES
	\$ _____
OR x \$ _____ =	
OR x _____ =	
OR + _____ =	
OR TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

AMENDMENT C.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	* 25	Minus	** 24	= 1	x \$ 9 =	9
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x 43 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	
					TOTAL	9
					ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
OR x \$ _____ =	
OR x _____ =	
OR + _____ =	
OR TOTAL ADDIT. FEE	

AMENDMENT D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	* 25	Minus	** 25	= 0	x \$ 9 =	0
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x 43 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	
					TOTAL	0
					ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
OR x \$ _____ =	
OR x _____ =	
OR + _____ =	
OR TOTAL ADDIT. FEE	

AMENDMENT E	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	* 25	Minus	** 25	= 0	x \$ 9 =	0
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x 43 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	
					TOTAL	0
					ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
OR x \$ _____ =	
OR x _____ =	
OR + _____ =	
OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.